

## General surgery

# Treating anal fissure

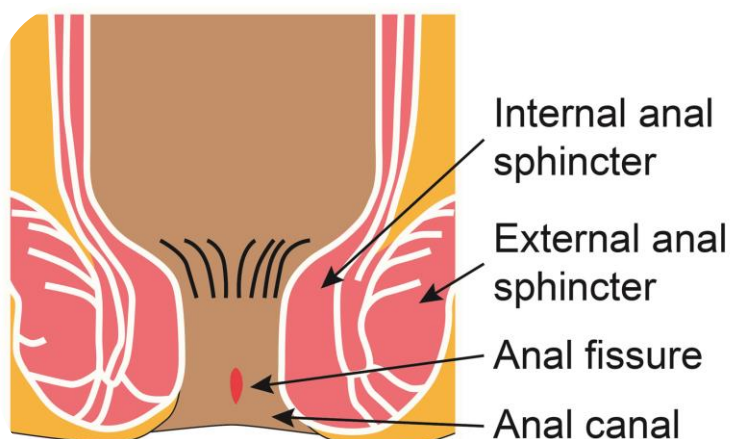
## Information for patients

### Introduction

This leaflet is designed to give you information about anal fissure and its treatment. We hope it will answer some of the questions that you or those who care for you may have. It is not meant to replace the consultation between you and your doctor but aims to help you understand more about what is discussed. If you have any questions about the information below please speak to your doctor.

### What is an anal fissure?

An anal fissure is a small tear in the skin lining the back passage (anus). Although the tear is very small, it can be very painful as the skin in the anal canal is very sensitive. Fissures can occur in adults and children. It can be a 'one off' problem, caused by constipation or diarrhoea. The pain can be sharp when you open your bowels and may last up to several hours after you have emptied your bowel. You may also notice some bleeding on the tissue paper when wiping, or in the toilet bowl. Some people may experience some itching and discharge.



Fissures can come and go, usually lasting one or two weeks. If it lasts for more than six weeks it is called chronic fissure. In a small number of people, fissures may also develop due to other conditions. Further investigations are carried out to establish the cause of a chronic fissure.

When the fissure heals, some people may notice a small harmless skin tag, called a sentinel pile, at the entrance of the anal canal.

### What causes an anal fissure?

The most common cause is passing a hard stool (poo) which can tear the delicate skin just inside the anus, leaving a small cut. This may bleed when emptying the bowel.

The other likely cause is tightening of the anus (spasms), which some people have due to increased muscle tone (sphincter) in the anus. This is likely to cause chronic fissures. The muscle spasm can cause extreme discomfort while going to the toilet and for some time afterwards.

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This often puts people off going to the toilet but ignoring this urge will cause the stool to get harder and make the problem worse. Emptying the bowels while the stool is hard may open the wound again and delay the healing process.

## What treatments are available?

It is important to treat your problem of hard stools and/or constipation first. A diet that is high in fibre and fluids is essential to naturally soften and bulk the stools, making them easier to pass comfortably.

## How do I avoid constipation?

Simple changes in your lifestyle and diet can help prevent constipation:

- increase your fibre and fluid. Drink at least 15 cups (2 litres) of fluid a day. If the stool is small and hard this will help to bulk up and soften it
- do not strain to pass a stool as this will damage the lining of the anus. Avoid sitting on the toilet for too long and limit the time to five minutes. Avoid putting off going to the toilet as this will make you more constipated
- do some regular exercise as this will help regular bowel movement
- discuss your medication with your GP or pharmacist as some may cause constipation

If stools are soft and frequent, more fibre can also help reduce frequency by thickening the stool.

## What is dietary fibre?

Dietary fibre is a type of carbohydrate in our foods. It adds bulk to stools and helps food pass through our gut. Try to introduce the following foods into your diet to increase the fibre content:

- fresh fruit and vegetables, particularly if skins are eaten. Aim for five portions per day
- wholegrain bread or rolls (such as granary or wholemeal)
- wholemeal pasta
- brown rice
- wholegrain breakfast cereals, including porridge, Weetabix®, Shredded Wheat®, muesli or Branflakes®
- wholemeal or oatmeal crackers and biscuits
- nuts, dried fruits and seeds
- baked beans and other beans such as kidney or butter
- chickpeas and lentils

Fibre works by absorbing many times its own weight in water. This makes your stools softer and easier to pass. It is very important to increase your fluid intake when increasing your fibre intake. It is sensible to gradually introduce high fibre foods and not to suddenly change your diet.

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## Fibre supplements

You may be advised to take a fibre supplement. You can buy this over the counter at your local pharmacy without a prescription. For further information about this medicine please refer to the patient information leaflet inside the pack.

You may also be prescribed stool softeners to keep your stools soft. Please follow the instructions that come with the medication.

## Hygiene

Waste contains natural chemicals that irritate the skin around the back passage. Where possible, wash the area carefully after you go to the toilet and pat dry. Do not use soap as it may irritate the skin. Alcohol-free moist toilet tissues will be more comfortable than toilet paper. Antiseptics are not recommended. Wear cotton underwear and avoid tight-fitting underwear to allow skin to breathe. A warm bath can also soothe and help ease pain.

## Is there any treatment to stop anal muscle spasm?

The majority of fissures heal by themselves or with dietary changes. However, if you have increased muscle tone in the anus you may be prescribed Glycerine Trinitrate (GTN) 0.4% rectal ointment (Rectogesic®). This will relax the muscle around the anus and increase the blood flow to the fissure and help it heal quicker.

### How do I use the GTN 0.4% rectal ointment?

The leaflet supplied with the ointment gives information about who should and should not use the ointment, and its side effects. For example, people who suffer from migraines should not use it, nor should women who are pregnant or breastfeeding.

You will be on treatment for six to eight weeks. Please continue the treatment (even if the pain goes away) until the fissure heals. The whole course of treatment is essential for it to be effective.

You should read the leaflet and follow the instructions. The ointment should be applied twice daily (every 12 hours). Apply a pea-sized amount to the skin on the outside of the anus twice a day. **Do not** rub internally or onto the fissure itself. **Do not** rub it in completely; let it soak in by itself.

When getting up from a lying or sitting position, you should get up slowly, otherwise you might feel faint.

### Possible side effects

- Headaches. These are common and may be severe. If you develop a headache, try a painkiller such as paracetamol. If you are already taking painkillers, speak to your GP or pharmacist before starting any new painkiller so they can decide if it is suitable for you to take with your existing medication. If the headaches become too painful, you may need to stop using the ointment
- Itching or burning of the anal canal

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- Anal bleeding
  - Allergic skin reactions
  - Fainting on standing, dizziness, light-headedness, blurred vision and tiredness
  - Fast heart beat or palpitations
  - Nausea or vomiting

## Is there other medicine I can use?

Diltiazem 2% is another rectal cream that may be used if GTN 4% rectal ointment isn't suitable for you. It also relaxes the anal spasms and increases the blood supply to the fissure to help it heal quicker.

## Other options

If standard treatment does not work you may be offered a Botox injection. The drug is injected under general anaesthetic into the anal sphincter muscle to relax the spasms. This is done as a day case.

The other main surgical option is called lateral sphincterotomy, whereby a small cut is made in the inner muscle around the anus. This reduces the muscle spasms and increases the blood supply to help the fissure heal. If this treatment is recommended, then your hospital doctor will explain the risks and benefits in detail so that you are well informed before agreeing to this procedure.

A small number of patients with fissures may need another procedure called a 'flap' to try to get the fissure to heal, particularly if the strength of the sphincter muscle is lowered already.

If you previously had an untreated anal fissure, it is highly likely that this will return in the future. The best way to stop this is to read our advice in the 'how do I avoid constipation?' section on page 2.

## Who do I contact for more help or information?

Please do not hesitate to contact us if you have any questions or concerns between 09.00 and 17.00, Monday to Friday (excluding bank holidays), on one of the numbers below.

- **St Charles Hospital: 020 8962 4242**
- **St Mary's Hospital: 020 3312 6560**
- **Charing Cross Hospital: 020 3313 0860**

If the colorectal services administrator is not available to answer the phone (Charing Cross and St Mary's hospitals), please leave a message on the voicemail and they will aim to return your call within 24 hours, except on Fridays. Calls received after 13.00 will be returned the following day (except for Fridays).

If you need advice outside of these hours, please contact your GP or call NHS 111.

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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain via our complaints department:

Fourth floor  
Salton House  
St Mary's Hospital  
Praed Street  
London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: **imperial.patient.information@nhs.net**

## Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK\_FREE or WiFiSPARK\_PREMIUM